Simul TV

Attorney Docket No. <u>1380-0191PDS</u>2.

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING , STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	METHOD AND DEVICE FOR NETWORK RECONFIGURATION							
Fill in Appropriate			ereto. If not attached her	eto, the application is identified by	the attorney docket	number as se		
Information -	forth above and/or to	ne following: n was filed on	26 March	2004		as		
For Use Without	United States A	pplication Number	r 107809.376			 ,		
Specification	and amended o	n'		(if applicable) and/or as PCT				
Attached:	the specification	n was filed on	.		_ as PCT			
,	June Wale							
	amended on (if applicable)							
Insert Priority Information: (if appropriate)	amended by any amendment referred to above. I acknowledge the duty to disclose information wh Regulations, §1.56. I do not know and do not believe the same was ever a thereof, or patented or described in any printed publicative year prior to this application, that the same was not in prior to this application, that the invention has not been prior to this application in any country foreign to the representative or assigns more than twelve months (six in patent or inventor's certificate on this invention has been application by me or my legal representatives or assigns.			the contents of the above-identified specification, including the claims, a cich is material to patentability as defined in Title 37, Code of Federal mown or used in the United States of America before my or our invention on in any country before my or our invention thereof or more than one ablic use or on sale in the United States of America more than one year attented or made the subject of an inventor's certificate issued before the United States of America on an application filled by me or my legal conths for designs) prior to this application, and that no application for filled in any country foreign to the United States of America prior to this cept as follows. (b) United States Code, \$119(a)-(d) of any foreign application(s) for patent delow any foreign application for patent or inventor's certificate having its claimed: March 26, 2003				
	(country)			(World, Bay, Tear Fried)	_	_		
	(Number)	(Country)		(Month/Day/Year Filed)	□ Yes	□ No		
						<u>.</u>		
	(Number) (Country) (Month/Day/Year Filed) Yes					No		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.							
Insert Provisional	60/457308			March 26, 2003				
Application(s): (if any)	(Application Number) (Filing Date)							
	(Application Number) (Filing Date)							
•	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Number	Date of Filing (N	/Ionth/Day/Year)			
Insert Requested Information: (if appropriate)								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
Insert Prior U.S. Application(s): (if any)	(Application Numbe	er)	(Filing Date)	(Status - patente	ed, pending, abandon	ned)		
Page 1 of (Rev. 07/2003)	(Application Numbe	er)	(Filing Date)	(Status - patente	ed, pending, abandor	red)		

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ill Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
all Name of First or Sole Inventor: sert Name of Inventor → sert Date This Document is Signed	Olav Lysne	(Ille Jigue	My						
sert Residence	Residence (City, State & Country)	0	CITIZENSH	P					
sert Citizenship →	Bekkestua, Norway	Norwegian							
sert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) ørneveien 28, N-1357 Bekkestua, Norway								
ill Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	José Duato	Sur		-26-3-2004					
	Residence (City, State & Country)		CITIZENSHIP						
	La Eliana, Spain		Spanish						
	MAILING ADDRESS (Complete Street Address including City, State & Country) El Campes, 7, ES-46183 La Eliana, Spain								
ill Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	Q_{I}	DATE*					
	Timothy Pinkston	Innotal M. E.	interton	5-4-2004					
	Residence (City, State & Country)	V	CITIZENSHI	Р					
	Santa Monica, CA 90405, USA	บร							
	MAILING ADDRESS (Complete Street Addre 110 Ocean Park Boulevard # 215, Sa								
all Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	•	DATE*					
	Residence (City, State & Country)		CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
ull Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)	CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
dl Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)	CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)								

Page 2 of ____ (Rev. 07/2003)

*DATE OF SIGNATURE